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## ORIGINAL DEPARTMENT.

## COMMUNICATIONS.

### Anatomy in its Relations to Medicine and Surgery.

By D. Hayes Agnew, M.D.,

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No. 41.

*Cervical Region—Continued.*—If the articulated skeleton be examined, there will be seen a hiatus or gap between the top of the sternum and the lower jaw, the posterior part of which space is occupied by the cervical series of vertebræ. Against these rest the constituents of the neck about to be described, and the bodies and transverse processes form a considerably siderably extended base of support.

On the anterior and lateral portions of the neck, the integument can be pinched up or moved with great freedom. Not so, however, over the posterior part, where it is exceedingly dense and unyielding. Along the median line, and in the supra-clavicular space, it is thin and delicate. This organization renders abscesses or inflammatory swellings less painful on the front and sides of this region than on the back of it, there being less resistance. The latter, or posterior part of the neck, is a favorite locality for carbuncle, entailing, even in the most favorable cases, a great amount of suffering. The mobility of the skin over the situation specified, requires that it should be supported with the fingers when being incised.

*Superficial Fascia.*—When the skin is turned off, a layer of connective and adipose tissue comes into view—the "*superficial cervical fascia.*" The adipose constituent of which varies much in different subjects. In the median line it is generally the least, and beneath the symphisis and midway between it and the angle of the lower jaw it is greatest in amount. This fascial layer is continuous with that of the trunk and the face. It is quite firmly connected to the ligamentum nuchæ posteriorly, where it is a dense, compact structure, continuing such for some distance forward. It is likewise *laminated*, embracing between its superficial and deep layers a cutaneous muscle—the *platysma myoides*, the fibres of which may be easily distinguished at the lower portion of the region, peering through the superficial fascial covering.

*Platysma Myoides.*—This muscle has its origin from the clavicle and the pectoral fascia. It forms a thin layer, and runs upward and forward, passing over the jaw upon the face. It is best developed in the neighborhood of the chin, at the symphisis of which some of the inner fibres of the muscles of the two sides decussate. It is only in rare cases that this muscle reaches the middle line at the supra-sternal fossa. If it be carefully detached from the clavicle, and turned off with the deep layer of the superficial fascia, there will be exposed beneath, and slightly connected with it, a vein running from the angle of the jaw to the supra-clavicular space "*external jugular,*" the course of which has been already pointed out as visible through the integuments; a second vein, situated along the anterior edge of the sterno-mastoid swell, and communicating, by a transverse trunk across the supra-sternal fossa, with the corresponding vein of the opposite side, "*anterior jugular:*" a tripod nerve-trunk at the middle of the posterior margin of the sterno-mastoid swell, one branch of which ascends along the posterior face of the external jugular vein to the integument of the ear and back of the head, "*auricularis magnus;*" a second, across the neck, toward the hyoid bone, "*transversalis colli;*" and a third down toward the chest, dividing into "*clavicular* and *acromial*" branches; and last, a dense, white, semi-trans-

parent fibrous membrane, enveloping the neck, the "deep cervical fascia."

Should the superficial fascia be dissected up toward the back of the neck, the trapezius muscle will be exposed.

*Practical Remarks.*—It is apparent, from the above description, that there are no very important structures exterior to the deep cervical fascia. The superficial layers, detailed, are quite movable and separable from the subjacent ones. In this fact we have the solution, in a great measure, of an inquiry, which seeks to ascertain the locality of tumors of the neck. Should such come well forward, become prominent, or be movable, the inference is, that they are not deeper than the structures just described. The wisdom of an early removal will be obvious, when it is understood that these growths may contract adhesions to the deep fascia, and which, under such a relation, may soon produce its absorption, extending into the deep recesses of the neck. In œdematous swelling of the neck, the fluid is usually situated in the superficial fascia. Wounds of the neck are sometimes followed by an emphysematous condition of this layer, crackling on the application of pressure. Where such is the case, the larynx or trachea have been penetrated. The extensibility of the cervical integument makes it available in plastic operations on the face.

The abstraction of blood may be practiced in this situation by opening the external jugular vein. It is, however, rarely resorted to at the present time, though formerly it was of frequent occurrence. When circumstances render a resort to this vessel necessary, the following remarks will be found important: Pressure in the supra-clavicular space will arrest the flow of blood through the vein, and its outline will become tense and prominent. Its course is parallel with, and its situation beneath the fasciculi of the platysma muscle, and therefore the division of the superincumbent layers should be oblique, so that the fibres of the muscle being divided across, may, by their retraction, keep the orifice in the vein patulous, as well as the other parts of the wound. If the cut should be made parallel with the fibres of this muscle, they would, being only separated, close again over the vessel, and allow the blood to extravasate the parts, producing an ecchymosis. The point best adapted for puncturing the vein is where it leaves the sterno-mastoid swell to pass into the supra-clavicular fossa, as above this the auricular nerve lies close along its posterior surface.

In all operations upon the lateral portion of the neck, the situation of the external jugular should be discovered, in order to avoid its trunk. As it is frequently small, it may require pressure in the supra-clavicular space in order to make it apparent. This vein is not unfrequently absent, in which case a large anterior jugular may be expected to exist. Preternatural contraction of the platysma muscle may produce a species of torticollis, or wry neck. Incisions, for the removal of tumors situated on the lateral part of this region, should be made parallel with the course of its fibres, that accurate adjustment may be promoted.

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## Odontocele and Some Kindred Lesions.

By Jas. E. Garretson, M.D.,

Of Philadelphia.

Having, during the last few days of March, had under my care a gentleman on whose person I was compelled to perform an operation for the radical cure of a rapidly-advancing caries of the superior maxillary bone, the primary lesion of which proved to be an encysted tooth in so anomalous a position as to have quite deceived, in a comprehension of the condition, several gentlemen, and having, in the direction of diseases of the oral cavity and its appendages, had, perhaps, a somewhat more extended experience than may have been enjoyed by the generality of practitioners, I have thought that a few practical considerations of some of the various pathological conditions of the mouth, taking this special case as a text, might neither be uninteresting nor without profit to some, at least of the many readers of the Reporter.

The patient in this case was a Mr. P., a gentleman whose age might be, I should suppose, about five-and-twenty; short in stature; quite anæmic in condition.

The history of his case is as follows:

About a year ago he had all the teeth of the upper jaw extracted, for the purpose of having them replaced with an artificial set, and, as is the custom, was dismissed for some four months for the purpose of allowing time for the absorption of the alveolar arch, not desiring what the

dentist terms the temporary denture. At the end of this time the impression of his mouth was taken, the parts being in a most healthy condition. The teeth were made, placed in the mouth, and worn with entire comfort for a period of several months.

About eight weeks ago, however, my patient found these artificial teeth getting loose, as if from some projection at the right border of the myrtiform fossa. Applying to his dentist, surprise was expressed at the occurrence, and advice given that the further progress of the case should be awaited. A few days later, and a fistula had formed. His dentist, confident that no portion of the roots of any of the extracted teeth had been left in the alveolus, now dismissed the case, advising him to seek surgical assistance. In this condition—but after seeing other practitioners, as alluded to—he came into my hands.

The case presented the following features:—Much engorgement of all that portion of the gums and lips covering the incisive and canine fossæ, and which extended in a triangular direction to the inner canthus of the right eye; much soreness, on pressure, over all the affected parts; a fistula discharging thin and occasionally bloody pus.

Examination with the probe gave the impression that it struck against the root of a tooth, and which would certainly have influenced entirely the making up of the diagnosis, if experience had not assured me that no tooth could well have had a fang extending to such a depth.

Deducing from these conditions the imperative necessity for an operation, and the patient willingly acceding to the conclusion, he was placed on a preparatory tonic course for a few days.

On the last Thursday of the month, assisted by one of my students and a friend of the patient, invited for the purpose, an operation without external incision was performed as follows:

The patient was placed in a state of profound anæsthesia. My student, with sponge and water at his side, took charge of the lower jaw and lip; the second assistant steadied the superior part of the head, and held well out of my way the superior lip.

The parts being thus very fairly exposed, a pointed and somewhat delicate-bladed bistoury was passed through the superior fleshy boundary of the canine fossa to the inner canthus. To my surprise it passed not only through the soft parts, but in the return-cut sunk readily into the bone. A first flap was now dissected posteriorly from the dead mass; a second flap was bounded mesially by the nasal bone, ala, and left prominence of myrtiform fossa. The blood being sponged away I discovered lying in the very centre of the carious bone a cuspid tooth of ordinary size and development, the apex being in immediate relation to the floor of the orbit.

Of course, this, to the surgical reader, ends the operative interest of the case. I would, however, invite a moment's attention to a procedure for removing the carious bone in these situations, which will be found most easy of accomplishment, and quite as successful in the results as any of the more complex operations.

I use a bent chisel, and which is to be adapted in size to each particular case. I depend entirely on the sense of touch, conveyed through the chisel, to tell me when all dead bone is removed, and can thus perform an operation as readily when the parts are submerged in blood as though not one single drop should be present. The benefit accruing from this mode of performing the operation must be appreciated, when is recalled the fact that the patient can only enjoy the benefit of the single original anæsthetic impression, and that, while his head is in position for the operation, he is necessarily taking undesired quantities of blood into the stomach. Speed seems to be the desideratum, and this is thus secured.

The bone in this operation being quickly removed, as described, the flaps were approximated with the interrupted suture—two being used—the patient was now left to recover. The operation to this point occupied just three minutes.

At the most pendant point in such incisions, which in this case was the alveolar border, I leave an opening, which it is the intention to heal at a future period by granulation. On the complete restoration of the patient to his proper senses, the wound is thoroughly washed from this sinus. A tent, medicated or not, as may seem indicated, is next passed up, being made to fill the cavity more or less completely. Thus it will be seen that the flaps unite by first intention, while the cavity must fill up by granulations. Pus, which if confined would serve to reproduce the disease, finds vent by the tent—the tent is gradually withdrawn, and thus deformity is prevented.

April 8. This patient was dismissed completely, and there is every reason for supposing

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permanently, cured—not the slightest external evidence of the operation existing.

The pathology of these odontoceles will be made very plain, I trust, by the general yet limited consideration of the surgical and surgico-dental conditions it is now my intention to review.

A. M. Forget, in that most complete prize memoir, "Dental Anomalies," thus introduces his subject:

"The bones of the face are subject to lesions of vitality and structure that are common to the other parts of the body; these belong to the maladies of the osseous system, and are under the same histological influences.

"There are some lesions, however," he goes on to say, "that belong more especially to the maxillary bones, and differ from the others in their anatomic characteristics, and particularly in their origin."

The ordinary surgical lesions, alluded to in the first paragraph, I shall not in this paper consider; the student will find them clearly described in all text-books on surgery.

To such as are referred to as especially maxillary lesions, I will confine my consideration, and beg to imply to the reader that he may receive as just, reliable, and practical those inferences I may present.

To insure, however, the most value from the study of the subject, I will condense from Mr. Forget's book the history of the first case he presents. The object in offering it as a data will be appreciated as we advance.

Observation 1.—*Osteo-Dental Tumor, size of a large Egg, encysted in the thick part of the Inferior Maxillary—Ulcerous Inflammation of the Parietes of the Cyst—Numerous Ossifluent Fistulæ—Resection of the left half of the Body of the Jaw and a portion of its Branch—Cured.*

Early in May a banker, of Guadeloupe, introduced to M. Forget his son, whom he had brought to Paris with the intention of subjecting him to the necessary surgical operation for the remedy of a disease of the inferior maxillary, which had made its first appearance when the patient was five years old.

*History of the Disease.*—At that period, (five years,) young L. suffered from pains in his left jaw; they were for some time intermittent, then continuous and acute. When the patient was seven years of age, two small healthy molars were extracted, under the impression that they were preventing the evolution of the second teeth. The operation gave great relief, and the pain ceased; but shortly afterward a small, round, hard tumor, appeared on the external face of the jaw, near the alveoli of the teeth that had been removed. The tumor caused no suffering to the patient, and made no sensible progress for a period of eight years. The whole of the left side of the jaw then became tumefied, and the bone, in the language of the patient, broadened and rounded. He also observed, at this time, that the large molars, which were regularly developed on the right side, were wanting in the diseased part.

This morbid enlargement was accompanied by frequent fluxions of the gums, cheek, and whole left side of the face. The recurrence of this fluxion was attended with great pain, and caused an increased tumefaction in the soft parts to such an extent that the difference between the sides of the face became absolute deformity.

In November, 1854, a violent inflammation occurred in the base of the jaw and the cervico-maxillary region. Antiphlogistic treatment was employed, two applications of leeches were made, and the inflammatory symptoms decreased, and, fifteen days afterward, purulent matter formed in the thick part of the cheek, which opened spontaneously, allowing the issue of a large quantity of fetid pus. The opening of this abscess became fistulous, the surrounding tissue then detached, and, under them, the bone was naked for a very considerable extent.

*Present Condition.*—Young L., aged twenty, strong, well developed, with an excellent constitution, and health perfect in all respects, excepting the local affection.

The disease appears externally in a considerable tumefaction of the left cheek, which is more than three times its natural size, and the tumor has caused a very marked, eccentric development to the corresponding maxillary bone.

When the patient opens his mouth, which he does without effort, the whole left side of the bone was seen to resemble a large turkey-egg—the base of the jaw being confounded, without appreciable line of demarkation, with the internal and external faces, which describe a very considerable curve.

The tumor is uniform, without depressions or any irregular swellings upon the surface. It does not yield to pressure, and no part of it gives that sound of crepitation which is cha-

racteristic of attenuation of the osseous tissues. The external swelling hides the superior and lateral part of the neck; the enlargement of the bone has forced the tongue from its true direction, and the floor of the mouth has been driven from the left to the right.

The alveolar ridge, singularly enlarged, contains none of the grinding teeth, except the first bicuspid—the premolar of Leidy—which stands regularly in its socket. The tissue of the gums is dark red, and unusually thick and hard. In a circumscribed spot, about the size of a twenty-centime piece, the tissue is broken, and exhibits an unequal, wrinkled, grayish surface, which gives a dry sound when struck with a metal, as if the crown of a tooth were hidden in the cavity.

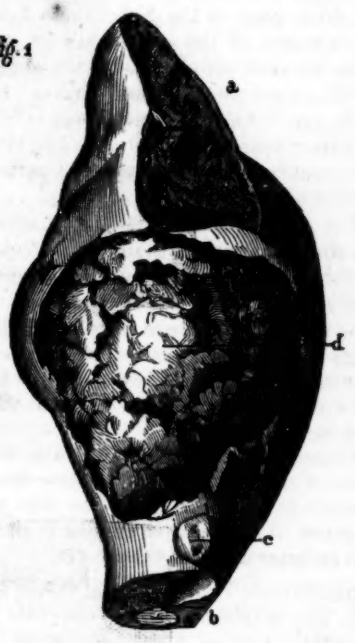
In order to complete the symptomatic description, it is added that there are many ossifluent fistulous openings at the base of the tumor, and much hypertrophy and hardening of the submaxillary lymphatic ganglion.

The functional disorders arising from the pathological condition, at first very slight, are noticed at this stage as increasing every day: embarrassment of vocal utterance, mastication painful and incomplete, deglutition effected with difficulty, and respiration very difficult every time inflammation is renewed in the tumor; lastly, the patient suffering from two serious inconveniences—one, the very marked deformity of the face; the other, the incessant flow of fetid pus, proceeding from the complicated fistulæ of the osteo-dental caries.

M. Forget here describes the operation, the usual resection with which it is presumed all are familiar. One incident, however, should be remarked: in making his anterior cut with the chain-saw, he alludes to coming in contact with a tooth placed horizontally in the thick part of the bone, precisely under the alveolus through which he was cutting.

*Anatomical Examination of Tumor.*—With the surrounding soft parts, it is described as being an exact ovoid. The soft parts, adhering to its external face, were found marked with many fistular passages, ending at inflamed and ulcerous points of osseous tissue. This tissue was thin, soft, and depressable, and perforated by two orifices leading into the interior of the cyst, from which exuded a purulent, viscid, reddish liquid. A stylet introduced into one of these passages was stopped by a hard body, which, under percussion, sounded like a compact tissue deprived of its periosteum. This object was reached by dissecting off the gums, which, condensed into a thick bed, formed a sort of operculum for the upper part, completing the cyst in which the morbid product was situated. The dissection exhibited that the jaw from the ramus to the premolar had been changed into a cavity containing a compact, saxaform, ovoid mass, the size of a large egg, grayish, unequal surface, studded with small tubercles, surrounded by a bed of enamel, and completely buried in the thick part of the bone. See fig. 1.*

Fig. 1




Next, the tumor was divided along its axis into two unequal parts, each confined to the corresponding half of the osseous cyst that was comprised in the division. This revealed the composition of the tumor: it was formed of a smooth, glossy, compact, homogeneous, ivory-like tissue, of a whitish-brown color. In the centre of it, a kind of regular disposition of its elements is described as existing, discernible by the naked eye. See figs. 2 and 3.

Between the tumor and the wall of the cyst, was a thick, fibro-cellular tissue, free on the side of the former, where it covered the whole intra-maxillary portion, and was joined to the

* For the use of these cuts I am indebted to the courtesy of Messrs. Jones & White, proprietors of the *Dental Cosmos*, published in this city.—J. E. G.

latter by filamental prolongations of a cellulo-vascular appearance—these being attached to the numerous openings that covered the face of the cyst. The external surface of this membrane was bathed with a muco-purulent liquid, smelling like dental caries.

At the base and anterior extremity of the tumor, an indentation is described fitting the crown of a large molar that stood between it and the maxillary bone. See fig. 3, *l*, *b*. A portion of the same tooth caused a slight elevation on the external face of the jaw.

Fig. 2

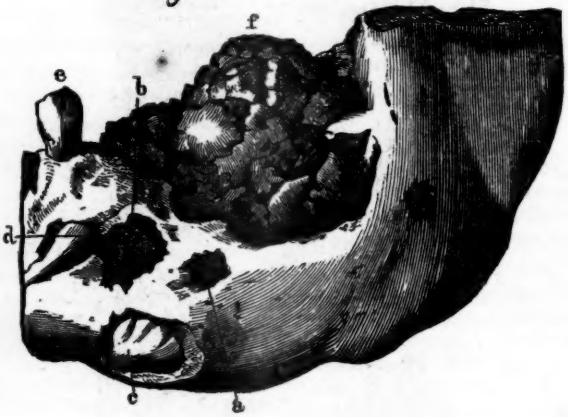



Fig. 3

Fig. 2, *l*, *e*. M. Forget also describes the tooth encountered in the operation. Fig. 2, *l*, *d*. Its location, as will be seen, is directly beneath the alveolus of the first molar, which is standing in its true position. Fig. 2, *l*, *e*.

All the teeth, with the exception of the last two molars, it will thus be seen, were found,

and the space appropriated for them was filled by the tumor. What then, queried M. Forget, could have become of these two great molars? It could not be, he argued, that the bulbs, compressed from their very origin, had disappeared without leaving a single vestige of their existence. The numerous instances, he held, that had occurred of the simultaneous

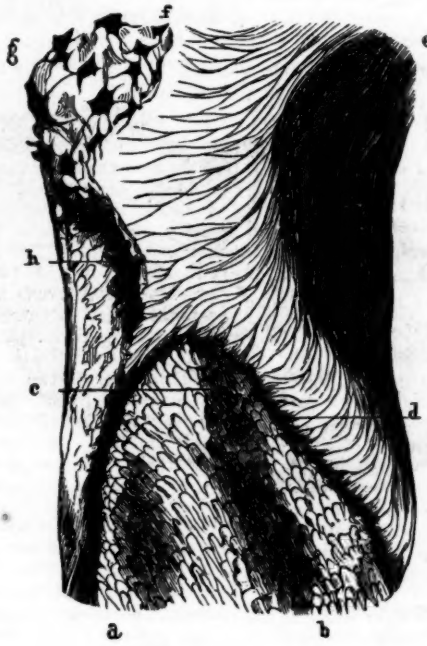



Fig. 4

development of teeth and anomalous productions in the very centre of the maxillary would not allow him to think of accepting such an explanation. In all the analogous cases that had fallen under his observation, the teeth were of the ordinary dimensions, and complete in number, although removed from their normal position, and sometimes buried even in the morbid substance itself.

The results of the observation of his case is thus epitomized by the author:

1st. An original union of the follicles of the last two molars, followed by an intimate fusion of them, caused by phlegmasial or other action.

2d. Under the same morbid influence, the excess of vitality in the organic elements of the follicles has produced hypersecretion of an ivory-like osseous substance.

3d. That the irregular aggregatisn and diffusion of these constitutes the pathological growth.

4th, and lastly. Its growth has formed in the cyst, (already described,) and it has maintained therein a permanent inflammation, which has disorganized the osseous tissue and altered the structure of the adjacent soft parts to such an extent that a radical operation was unavoidable.

Thus I have presented, as a study, this most interesting case, the primary lesion of which, as is plainly seen, lay in an anomalous dentition.

The analogy of this primary lesion, with the case given from my own practice, will also be observed. Yet, further, it will be remarked that from a like cause proceeded very different results—results explainable by a consideration of constitutional influences.

*Query.*—Will not, then, the ability to recognize primary lesions—particularly as they may have alone a local signification—insure us against the probability of having to confront the more formidable secondary?

(*To be Continued.*)

# Illustrations of Hospital Practice.

## PENNSYLVANIA HOSPITAL.

### SURGICAL CLINIC.

Service of Dr. A. Hewson.

*April* 3, 1861.

#### REDUCTION OF THE FEMUR BY MANIPULATION.

A little girl, three years old, while playing on the floor yesterday, fell toppling over on one side, and when picked up was found to be unable to walk. One of her limbs was flexed, the thigh on the pelvis and the leg upon the thigh, and the child complained of a great deal of pain. The child was brought to the hospital for treatment. It was stated as part of its history that last summer it had had two attacks of severe pain in the vicinity of the hip-joint, which were attributed to rheumatism and so treated, but ever since then she has been obliged, when sitting, to straighten her limb.

The motions at the hip-joint were, however, perfect, though the child always walked with the foot slightly inverted.

There is an unnatural fullness of the buttock on the outside, with a depression of the fold of the nates with flexion of the limb, and when the child raises itself on the end of the toes, there is also an evident increase in the length of the limb.

When admitted, there was shortening to the extent of about an inch. Attempts were made by the resident surgeon to reduce the dislocation without success; but since then there has been some diminution in the shortening.

In the neighborhood of the spine of the ischium, the head of the femur can be readily felt. At first, the dislocation was probably on the dorsum of the ilium. It is now evidently backward in the ischiatic notch. Whether any disease of the hip-joint existed previously to this accident, it is difficult to say; but there is strong suspicion that there has been an arthritis, which might have favored the occurrence of the dislocation.

In complete dislocation, the capsule of the joint is torn across when the bone escapes from its socket, making a considerable opening, and this rupture generally takes place in the hip, close to the acetabulum; but it is not a mere button-hole slit, as stated in the surgical works of the older writers—the rent is across the capsule, and involves always, at least, one-third of this structure; the remaining portions are put very much on the stretch, and, binding the head of the bone against the edge of its articular cavity, furnish, in Dr. Hewson's opinion, the chief obstacle to reduction of the dislocation.

This was explained by Dr. H. on a preparation, and the influence of strong traction on the limb was shown to increase the tension of the remaining part of the capsule. He also referred to the fact that, if the chief obstacle was in the resistance of the muscles around the joint, it should disappear entirely when a patient is fully etherized, which it does not, and should not have been to any extent in the patient before the class, (a little, puny child of three years;) whereas some difficulty had been experienced here, and the method of reduction tried by the resident surgeon had failed. The old method of reducing a dislocation of this kind was to put a band across the perineum to steady the pelvis, and then to make traction in the line of displacement by a band and pulley secured to the thigh. The reduction accomplished in this way was shown by Dr. H. to be often at the expense of a part of the portion of the capsule which remained intact. The method of manipulation proposed by Dr. Reid, of New York, was then referred to, and the success which has so generally followed its adoption commented on. This method consists in flexing the leg on the thigh; then gently gliding the thigh across the opposite limb, up on the abdomen as high as possible; then suddenly rotating the whole limb out and straightening it.

This, it was then shown, would sometimes (where there was not an excessive tearing of the capsule and the dislocation was on the dorsum ilii) fail of success by the head of the bone catching on the lower lower edge of the remaining portion of the capsule and the dislocation be converted into one into the ischiatic notch. This was, indeed, the method accurately pursued by the resident surgeon in this case. It was then shown by Dr. H., on the ligamentous preparation, where the dislocation was imitated, that if the sudden rotation outward of the limb had been resorted to before it was carried up on the abdomen, the head of the bone would have slipped into its place, and that it would be impossible to accomplish the reduction before the head of the bone was returned to the place where it was originally *dislocated to*.

The dislocation on the dorsum ilii was then reinduced in this case, and so much of the manipulation method of Dr. Reid as Dr. H. had shown was necessary was resorted to, and the reduction accomplished without the least difficulty. Dr. H. further remarked that the whole manœuvre proposed by Dr. Reid would be required in a case of original dislocation into the ischiatic notch, but not, in his opinion, for one originally on the dorsum, where it might, however, succeed if the rent was excessive, which he was confident was not the case here.

The usual after-treatment was instituted, and the child was discharged cured at the end of ten days.

#### DEATH FROM EMBOLISM, FOLLOWING AMPUTATION.

A man was admitted to the surgical wards on Saturday night, in consequence of a bad

comminuted complicated fracture of the leg, the result of a railway accident.

There was no question as to the necessity of the case. The man was brought in intoxicated, and with a bottle of whisky in his pocket.

He had had his foot caught between the bumpers of two cars in a scuffle with an attendant on the train.

Not much blood had been lost, and though under the influence of liquor, he soon reacted nicely.

Amputation was resorted to at two o'clock on Sunday morning, and the limb removed by Teale's method, at the junction of the middle and lower third of the limb.

Within six or eight hours after the amputation, the man became very sick at his stomach, and vomited several times.

Dr. H. saw him that morning between 11 and 12 o'clock; he was very restless, twisting himself about, and disturbing the dressings of the stump, moving it up and down, and he was still apparently in a semi-intoxicated condition.

But little stimulus had been given him after his admission. He had a peculiar anxious expression of countenance, and was crying for drink all the time; and he had a good deal of difficulty in respiration.

He was then stimulated pretty thoroughly, but did not appear to react perfectly. He was given milk and lime water, brandy and beef essence.

There had been some seven or eight ligatures applied to the vessels at the time of the amputation. The stump, that evening, was a good deal swollen and livid, and next morning quite decidedly so, and spotted dark and red.

The limb had been dressed according to Teale's method, merely bringing the flaps together, and applying nothing but the sutures.

He continued from Monday morning to grow worse and worse, and when seen late in the afternoon all hopes were given up of his recovery, and on Tuesday morning, at six o'clock, he died, just sixty hours after the occurrence of the accident.

He died too soon for the cause of his death to have been the effect of surgical fever, of which, indeed, he had had no signs. His pulse was feeble and frequent from the very first; his skin was generally cold and clammy, and he had considerable dyspnœa, and gactitation.

The stump was examined after death, and the popliteal artery dissected out from the posterior flap, all the way down with the vein, and was apparently free from all disease.

On the outside of the vein and in the sheath of the vessel, there was a clot running up some considerable distance. There was no large clot in the stump; there had been no secondary hemorrhage. On the divided surface of the smaller flap, there was a puriform-looking substance studding the surface all over. The anterior tibial artery was dissected out, and where the branches above came off there was found an amount of yellow-looking substance, having much the appearance of pus, and evidently of the same nature as that which studded the surface of the end of the smaller flap. The other arteries were also filled with this deposit. In the right side of the heart, there was but a small quantity of soft and grumous coagula—no more than is usually found there in persons who die from exhaustion; but in the left side of the heart there was a firm fibrinous clot, yellow in color, like the deposit seen in the artery. There was no perceptible evidence of any disease of the heart.

The lungs were but superficially examined; but there was well-marked emphysema.

It must be remembered, in searching for the cause of this man's death, that the stump became livid and swollen, rather purplish, dark, and vesicated, as if in a state of gangrene, within forty-eight hours after the amputation.

Now, how are we to account for this man's death?

We can do so on the supposition that an embolus occurred here. It was perhaps formed in the vein and carried into the current of the circulation and passed into the right side of the heart, thence into the lungs, and then broken down there. The larger portion, perhaps, having been retained, giving rise to the dyspnœa and emphysema, and the lesser portion probably consisting only of the white corpuscles of the blood, the red having been destroyed and broken down, passed on, forming a fibrinous clot in the heart, a portion of which has been carried along the current and caught just at the point where the arteries above, where they had been tied, give off their branches, where the current becomes so much diminished that it is unable to carry the obstruction on farther.

In consequence of the arrest of the circulation here, mortification ensued. This is the only satisfactory explanation of the cause of death that can be formed here.



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*The Medical Profession* in the large cities throughout the country are engaged in giving gratuitous instruction to volunteer surgeons and nurses in connection with their respective duties, in view of the probability of war.

The medical and surgical staff of our large city hospitals have offered to aid by their advice in organizing the medical department of the army.

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*The First Commencement of the Medical Department of the University of the Pacific* was recently held at San Francisco. There seems to have been quite an effort to make an impression, if not a sensation. There were six graduates, being the first crop of doctors on the Pacific side of the continent.

# Medical Societies.

## PROCEEDINGS OF THE BROOKLYN MEDICO-CHIURGICAL SOCIETY.

Dr. Daniel Ayres, *President.*

On motion of Dr. Jones, it was resolved, "that the members of the society tender their gratuitous professional services to the wives and children of those volunteers in this city who have answered to the call of their country."

*Thrombosis of the Left External Iliac and Femoral Vein—Consecutive Phlegmasia Alba Dolens—Fatty Degeneration of the Heart—Enlargement of Mesenteric Glands—Leucæmia.*

Dr. Louis Bauer presented a specimen removed from the body of a woman, aged thirty-two years. The attending physician, Dr. M'Phail, stated that the woman had, for some time, been feeble and very palid. She had given birth to two children; the younger ten weeks before her death. The parturition had been of an ordinary character, but lactation scanty. A week after confinement, the left leg became the seat of a moderate phlegmasia. Without any other prominent symptom she gradually sank and died. Dr. Bauer made the post-mortem examination. The intense pallor of the body attracted particular attention. The heart was almost white. There was considerable fatty deposit on the right half, leaving scarcely any muscular structure, the walls being thin and flabby. On the anterior surface there was a circumscribed deposit of plastic lymph, of the size of a dime, still soft and evidently of recent origin; no other evidences of peri- or endocarditis. The cavities of the heart were filled with soft fibrinous clots, extending into the large vessels. The liver was of ordinary size, but pale and fatty. Spleen somewhat softened and hyperæmic, not enlarged, the capsule peeling off readily. The mesenteric glands greatly tumified. Kidneys pale and fatty; otherwise not altered. Uterus normal. The left external iliac and femoral vein were obstructed, the latter down several inches below Poupart's ligament. About the femoral ring the thrombus was evidently of longer standing, because it was in a state of degeneration. The coats of the vein were healthy. The rest of the organs not mentioned were distinguished by their extreme pallor.

Some fragments of the heart have been carefully examined under the microscope, and the muscular structure found to have undergone fatty degeneration to such an extent as to leave scarcely any traces behind. The clots in the heart being washed in distilled water, and the latter microscopically examined, exhibited a superabundance of colorless corpuscles.

It was thought that the case belonged to leucæmia, but that death was directly attributable to fatty degeneration of the heart. Most commonly enlargement of the spleen is found in these cases, although Virchow has met with instances where the mesenteric glands were alone involved. The ready coagulation of fibrine and incidental thrombosis is a marked feature of this disease.

*Dr. Bauer's Case of Perforating Wound of Left Knee-joint—Gelatinous Degeneration of Synovial Membrane—Peculiar Appearance of the Articular Cartilages—Pebble-stone in the Joint—Amputation.*

This case pertains to a German grocer, aged forty-two years, of strong, square-built frame, and of good health. Three weeks ago, he was thrown from a wagon violently, and a transverse wound, two and a half inches in length, was inflicted above the patella on the left knee-joint. A homœopathist closed the wound by some stitches, neglecting, however, to cleanse it properly. Turbulent reactive symptoms ensued. Dr. Bauer was placed in charge of the case forty hours after the accident, when he found the joint considerably swelled, hot, discolored, fluctuating, and the surrounding parts emphysematous. He immediately reopened the wound, when about a pint of sanious matter, mixed with air, escaped. There was a wound of the capsule about an inch in length; the anterior surface of the patella was denuded, and undermining tracks radiated from the joint.

These were freely opened, the wound carefully cleansed, aromatic emolient poultices applied, and the leg placed in a straight iron splint. The constitution of the patient had become already seriously affected, and in a few days the signs of a mild form of delirium tremens supervened. Notwithstanding this new complication, opiates, tonics, generous diet, Hungarian wine, most rigid cleanliness and ventilation, together with a good constitutional basis to work upon, sustained the drainage, and fine granulations appeared in the wound. For some days hopes were entertained of saving the limb, but suddenly the character of the granulations changed, purulent infiltration of the leg set in, and typhoid symptoms, with bed-sores, rendered amputation imperative. The condition, since the removal of the limb, has been progressively improving.

The specimen here presented is highly interesting and instructive. The gelatinous degeneration of the synovial membrane generally ascribed to chronic diseases of joints is developed to a great degree. The membrane is raised in folds by this accessory tissue, and protrudes into the articular cavity in every direction. When divided, the sub-serous tissue discharges a semi-fluid gelatinous material from a very loose connective tissue, evidently the slime-tissue of Virchow. The semilunar cartilages are detached, and of milky white

color. The cartilaginous covering of the femur is partly thickened and white, partly destroyed, exposing the bony structure, and softened, so as to cause grating of the joint. The condyles, in places not having cartilage and exposed to the action of matter, are in a state of advanced caries. The crucial ligaments show incipient disintegration. There are two perforations of the capsule immediately behind the femoral condyles. A small pebble, the size of a lentil, was also found imbedded. The pus had worked its way between the muscles of the leg, softened the gastrocnemius, and descended almost to the tendo-Achilles.

*Dr. Ingraham's Case of an Enormous Ovarian Cyst, with Colloid Tumor, weighing twenty-three pounds.*

*Discrepancy of Diagnosis.*—The clinical history of the case does not extend beyond two years, when the patient, a middle-aged lady, first noticed a hard, nodulated, and movable tumor in the right iliac fossa. Its rapid increase and the failing health of the patient rendered consultation desirable. In the course of time, seven of the most prominent physicians were called in, and seven different opinions were rendered. That there was a large cyst could not be doubted, and repeated paracentesis placed it beyond question. The hard mass was the subject of dissent. One physician pronounced it proliferous cystic growth connected with the ovary; another, colloid, probably originating in the omentum; a third, encephaloid of the liver, etc. The tumor, by its pressure, had produced procidentia of the womb.

Dr. BAUER made a post-mortem examination a few days ago. The body was greatly emaciated, and presented a countenance of a cachectic hue, evidently indicating a cancerous disease. The abdominal cavity was enormously distended, and the umbilicus protruding. There was considerable fluctuation in front, and by means of a trochar, almost two pailsful of a semi-gelatinous yellowish transparent fluid evacuated. A tumor, with an uneven, nodulated surface, was left occupying the entire abdominal cavity, and presenting in the right hypochondriac region a sharp margin, like that of the liver. There was no mobility discernable. Through the vagina only the fluctuating cyst could be felt. When the abdominal cavity was opened, the entire mass was everywhere adherent, thus accounting for its immobility. The adhesion was so intimate as to require some effort to detach the tumor. The large cyst, then empty, occupied the front portion; the solid mass the posterior and superior portion. The cyst extended to the right hypochondriac region, and, being overlapped by the solid mass, left the latter prominently felt when the former was empty, and thus had given rise to the erroneous but very excusable diagnosis of an encephaloid liver. With the latter, it corresponded in seat and size. The liver was pressed upward and backward, and thereby doubled upon itself, the anterior marging being thrown upward and backward. The origin of the tumor could be clearly traced to a wide fold, arising from the right ovary, which had acquired the size of a goose egg, being firm and of a yellow color. The left ovary firm, and of the same color, slightly nodulated, but of ordinary size. The uterus was slightly stretched, otherwise normal. Exclusive of the cyst, the tumor weighed twenty-three pounds, and with its liquid contents must have weighed some forty pounds. The length is fifteen inches; breadth, eleven inches; height, six and a half inches; longitudinal circumference, forty-one inches; and transversal, twenty-seven inches. The whole parenchyma of this mass, which was presented to the Society, consisted of a semi-solid material, with a firm, fibrous stroma, the latter forming numerous small cavities containing colloid material, of different consistency and color. There were also numerous small encephaloid deposits in the sub-peritoneal tissue.

## EDITORIAL DEPARTMENT.

## PERISCOPE.

### THE TREATMENT OF TETANUS.

Dr. Hutchinson, after the consideration of a statistical table of a large number of cases of tetanus, occurring in the London hospitals, concludes with the following memoranda as to the management of the disease. We quote from the *Medical Times and Gazette*.

1. The chief objects in view are three:—to mitigate the force of the local irritation to which the disease is due; to sustain the patient's strength by food; and, lastly, by procuring sleep, to allow the nervous system the opportunity of regaining its wasted powers.

2. If the case be seen in the very onset, and if the injured part be a finger or toe, it is desirable at once to amputate, whatever may be the local condition. If the injury has been severe, and the part have passed into a state in which, whether from sloughing or otherwise, its recovery is doubtful, it is desirable to amputate at any stage of the disease, or even if one of the extremities be the part involved.

3. The injured part should be poulticed, and the limb above it wrapped in lint soaked in laudanum or chloroform.

4. The patient should be put in a room with but one attendant, and the strictest quietude should be insisted on.

5. If the patient has been accustomed to it, he should be allowed to smoke.

6. The bowels should be well cleared out by croton oil or other efficient purgative.

7. If the skin be very hot, the pulse jerking, and the tongue red and dryish, the surgeon may be justified in combining small doses of calomel with the narcotic he may have selected for employment.

8. A free allowance of beef-tea, milk, eggs, and similar articles of concentrated fluid nutriment should be given, more especially in the later stages of the complaint.

9. As long as the patient is able to take food and to obtain periods of comparative quiet and freedom from pain, the use of anæsthetic inhalations is not desirable. Great advantages may, however, be obtained from them if he be unable to open the jaw sufficiently to permit of taking food, or if the tetanic spasms are without remission. Either appears to have stronger facts in its recommendation than chloroform.

10. One or other form of narcotic—opium, Indian hemp, belladonna, or Woorara—should be freely used. There is no very decisive evidence as to the advantage of any one of these over the others. Respecting the Indian hemp and the woorara, the difficulty often encountered in obtaining them in a state of reliable activity will often be an obstacle to their employment.

11. Excepting, possibly, in the per-acute cases, the free use of quinine appears to be desirable. If given in large doses, it generally reduces the frequency of the pulse, and in some cases a mitigation of the tendency to spasm has attended its influence. The rapid induction of cinchonism is a measure well worthy of a fair trial.

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### UTERINE PEMPHIGUS.

The Paris correspondent of the London *Lancet*, under date of April 9, writes:

"A paper read by Dr. Joulin at the Academy of Medicine, last Tuesday, gives an interesting account of a somewhat rare affection of the os uteri, known as uterine pemphigus. This malady, as in the somewhat similar condition (whence it takes it name) observed in other portions of the body, is characterized by the formation of a small bladder, or vesicle, on the surface of the cervix. The epithelial layer is detached from the subjacent tissue by the exudation of a transparent fluid. Another diagnostic sign peculiar to this disease is the existence of a narrow border, of a bright-red tint, round the base of the vesicle, probably a linear extravasation of blood. The film of epithelium which forms the bulla is tough, and resists a considerable amount of pressure without rupture; and for the evacuation of the contained fluid a puncture is necessary, or else the employment of a chemical agent capable of disintegrating the tissues. Professor Nélaton, at the Clinique, and M. de Castelnau, at the Hôpital de Lourcine, have both observed this condition. The author of this memoir is, however, the first to publish any definite description of this particular form of uterine disease. As the affection itself is unaccompanied by pain or other discomfort, and usually subsides spontaneously in three or four days, without leaving any trace of its previous existence, its history would have presented little practical interest, were it not for the fact, that in the outset uterine pemphigus may readily be confounded with another and a more grave disorder of the same organ—namely, diphtheritic chancre, a malady described by M. Bernutz, and which, after the destruction of the pellicle, goes on to tedious ulceration, by no means easy to treat. The differential diagnosis between the two affections turns upon the fact, that in pemphigus the vesicle is large and single, whereas in the first stage of the diphtheric chancre it is multilocular, or, perhaps, rather is composed of an agglomeration of small bullæ, which become confluent."

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## REVIEWS AND BOOK NOTICES.

A Treatise on Fever. By Robert D. Lyons, K.C.C., etc. Philadelphia: Blanchard & Lea, 1861. Pp. 350.

In this volume, as the title-page informs us, we have selections from a course of lectures on fever, being part of a course of Theory and Practice of Medicine in the Catholic University of Ireland. Taken as a whole, we can recommend it in the highest terms as well worthy the careful perusal and study of every student and practitioner of medicine. The author is evidently a careful observer and judicious thinker, and where his means of observation have been extensive, his practical and theoretical conclusions are worthy of all confidence. We shall place the volume on our shelf by the side of Cullen, Fordyce, Armstrong, and Bartlett, as the result, thus far, of the labors of the age in pathology on the subject in question. Not that the work is, in itself, complete; for it treats, practically, only of three of this large class of diseases—viz: typhus, typhoid, and yellow fevers; but because it is a step in the right direction, and one which, if properly followed up, cannot fail to elucidate the whole class of febrile diseases, and bring them more within the domain of the *healing* art.

Dr. Lyons' views of the pathology of fever, in general, are that it is an *increased tissue-metamorphosis;* and, while he avoids committing himself as to whether this has its origin in the vascular or nervous system, he evidently inclines to the solidist and neuristical views, as modified by Virchow. His classification of febrile diseases is into primary, irritative, and eruptive. He only treats in this volume of some of those falling under the first class, which he subdivides (after Galen and Cullen) into continued, intermittent, and remittent. Under the head of continued fevers, he enumerates synocha, synochus, typhus, and typhoid.

It seems strange to find an author of such extended means of observation, in these days of microscope, scalpel, and test-tube,—one who uses them himself, too,—maintaining the existence in our midst of synocha or inflammatory fever without local causative inflammation, or of the mixed half inflammatory, half typhoid synochus; and yet we cannot help admitting in our hearts that he may be more than half right, notwithstanding the disrepute into which Good's scathing criticism in England, and Dr. Wood's clear reasoning in this country, has cast the unintelligible jargon. Every practitioner of large experience must confess, that he has seen cases of febrile action in which his utmost skill could detect no focus of inflammation, and yet which could not be legitimately classed under the head of any of our usually-recognized fevers of the present day. We can only recommend such an one to turn to Dr. Lyons' pages and see if the descriptions which he draws of the course of such cases will not, to some extent, correspond with the phenomena presented to his own observation. We fear there has been, perhaps, too much disposition of late, to throw by, as obsolete and useless, the close clinical observations of our predecessors, relying upon the light of more recent discoveries in physiology, pathology, and chemistry. Let us by all means cherish these; but let us, also, be careful lest in rejecting the chaff of exploded notions we throw away the golden grains of experience.

The chapters on typhus and typhoid fevers are worthy of the most careful study. The portraitures of disease are faithfully and vividly drawn, while the directions for treatment are admirable. Appended to the chapters on typhoid fever is an abstract of Dr. Lyons' Report on the Diseases of the Army in the East, (Parliamentary,) containing a full description of the pathological conditions found *post-mortem* in this disease, as it occurred in the Crimea.

Omitting the consideration of intermittent fevers, of which he recognizes three types, the quotidian, tertian, and quartan, and also of bilious remittent, Dr. Lyons next proceeds to the consideration of yellow fever. We wish we could speak with as unmixed praise of this portion of the work as we have of the former. He seems to be entirely uncertain as to whether it is not a mere variety of bilious remittent; indeed, in his classification, he includes it with the latter, under the head of paludal fever. More extended observations, and closer acquaintance with the works of such American authors as have seen the disease, would have saved him from this error. We would recommend him to study La Roche, Bartlett, Wood, and Dickson closely before preparing another edition of his work; and then, we think, he will hardly state that nosologists have not as yet fixed the position of this disease. Did we claim that title, we should prefer placing yellow fever among the continued, rather than among the remittent, fevers—adopting the suggestion of Prof. Pepper, that the remission or intermission on the third or fourth day may be due to the great effusion of blood which then takes place, and soon manifests itself as "black vomit."

Dr. Lyons makes four forms of this disease, the algid, sthenic, hemorrhagic, and typhous, illustrating them by cases; he also appends a most valuable microscopic record of the examinations made by himself, at Lisbon, in 1857; and an essay on the causes which he supposes productive of that epidemic. He is a strong non-contagionist. Were we disposed to quarrel with him, we should find fault mainly because of the little attention which he is disposed to pay to the altered condition of the blood in fever cases, as the cause of many of the phenomena observable. But, as we have already said, we consider the work a most valuable addition to medical literature, and one destined to wield no little influence over the mind of the profession.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, MAY 4, 1861.

## THE AMERICAN TITLE IN MEDICINE.

On another page, a "Retired Surgeon" calls attention to a subject that we are anxious should be kept before the profession at all times, and under all circumstances, in season and out of season. For the last five years the Reporter has urged the necessity of the adoption of some national standard of qualification for admission into the ranks of the profession. This, it has maintained, can only be done through the American Medical Association, by that body adopting a standard of its own, and requiring all who desire to become members, to pass an examination before qualified and independent Boards of Examiners, the examinees of the Army and Navy Boards being admitted as *ad eundem* members.

This proposition has met with much favor, though it is not to be denied that by some it is thought to be impracticable. Conceived in the spirit of our national institutions, and depending entirely on the will of the governed, its provisions could, of course, only be carried out by the general consent of the profession. We do not think that we presume too much on the

*esprit du corps* of our profession, when we suppose that they will be willing to sacrifice a little feeling, if need be, to establish a principle, which, once established, will take care of itself. Let it once be understood, that if any one wishes to hold a respectable position with the public as a medical man, he *must* be a member of the American Medical Association, the point is gained, and the problem of elevating the standard of medical education in our country is worked out beyond peradventure. It is within the recollection of many of our readers when it was not necessary, even in our older States, for a medical man to be a graduate of a medical college at all. A certificate from his preceptor was all that was considered necessary. But now, a diploma from a medical college is the only passport to the confidence of the public.

*We desire to transfer this passport from the keeping of the colleges to that of the* American Medical Association.

We would not depreciate the value of the old degree, or abrogate it, when worthily bestowed; but we insist that there should be some guaranty that it *is* worthily bestowed, and the power of giving that guaranty we would vest in the only body capable of giving it a national or continental importance, viz: the American Medical Association.

Though we have good medical colleges and able and honest faculties in all parts of the country, no one will deny that the degree represented by the initials "M.D." is not always worthily bestowed even by them; and, further, no one will pretend to deny that many institutions are chartered, and will continue to be chartered, by our State governments, which have an equal *legal* right to bestow this title, whose alumni are not and cannot be received into fellowship with our profession, and that, therefore, the degree is in itself no measure whatever of the professional standing of him who possesses it.

We are not so wedded to this plan of elevating the standard of legitimate medicine in this country—which has been inculcated for the past several years with such pertinacity through the pages of the Reporter—that we will not willingly yield our assent to any better or more practicable plan, though we confess to our inability now to see on what basis it can rest.

The present is, of course, an unfavorable time for action; but discussion is a necessary preliminary to action, and the time for that is always present.

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## AMERICAN MEDICAL ASSOCIATION.

We announced, last week, that the annual meeting of this body, which was to have met in Chicago, in June, had been postponed by the Committee of Arrangements. Since that time the following official notice of the postponement has come to hand:

"*American Medical Association.*—The undersigned Committee, appointed to make the necessary arrangements for the annual meeting of the Association in this city, in June next, after due consultation with prominent members in distant sections of the country, hereby give notice that said annual meeting will be *postponed* until the *first Tuesday in June*, 1862, on account of the present grievously-disturbed condition of the whole country.

N. S. Davis, E. Andrews,
J. Bloodgood, Thos. Bevan,
De Laskie Miller, H. W. Jones,
J. W. Freer,

*Committee of Arrangements.*

*Chicago, April* 25, 1861."

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## SPIRIT OF THE MEDICAL PRESS.

The *Medical Times*, of London, in an article on the state of pharmaceutical science in North America, admits the high position which our pharmacy has attained. The *Times* has just discovered that we are in the habit of using some valuable remedies which are unknown to English practitioners. Among these are mentioned such indispensables to American physicians as veratrum viride, cimicifuga, podophyllum, and others which are equally unique in their properties. The "concentrated medicines," now so much used, are alluded to as novelties, and it is said that Dr. Acland, the physician of the Prince of Wales, at his recent visit, made the discovery of the familiar sugar-coated pills, and on his return exhibited them.

## PENNSYLVANIA STATE MEDICAL SOCIETY.

The all-absorbing subject of our national difficulties so preoccupies the public mind at this juncture, that we fear it will have an unfavorable influence on the meeting of the Pennsylvania State Medical Society, proposed to be held at Pittsburgh next month. Would it not be well for the Committee of Arrangements, following the example of those of other societies, to postpone the meeting, as, under existing circumstances, it is not at all likely that the meeting will command the interest of the profession, or that the attendance will be large?

We simply make the suggestion, and await the action of the proper committee.

# Correspondence.

### FOREIGN CORRESPONDENCE.

*Montpellier, March* 10, 1861.

#### LEPROSY HOSPITAL IN BARCELONA.

MESSRS. EDITORS:—A short time before leaving Spain I visited the hospital at Barcelona, intended for Elephantiasis of the Greeks, or Leprosy, as it is often called, although the leprosy described in Leviticus was certainly a very different disease. This hospital is not as large as the one in Granada: containing, at the time of my visit, only eight cases, five men and three women. It is called "Hospital de San Lazaro," and although under the same administration as the general hospital, and considered as a branch of it, it is placed in a separate building for fear of contagion. Of the eight cases in the hospital, in two the disease was situated in the leg chiefly; in one of these a man, who had been affected, as he said, for fifteen years; the limb was a good deal swollen and somewhat ulcerated. One of the ulcers was very deep, although not extensive, and it was preserved open by a tent, so as to give free vent to the deep-seated pus. The tent was introduced to a depth of between one and two inches. Although he had been afflicted for such a great length of time, he had no pain when quiet, and still was able to walk a little; but if he attempted to walk much the part became tense and painful. In the woman, whose leg was affected, there was much less swelling, but much more ulceration. In all but these two, the face was chiefly diseased, being swollen and distorted to a considerable extent. In one woman it had not yet made any great progress, and, at a little distance, she might have been supposed to be affected only with an exaggerated form of acne; but two of the men were excessively deformed by it; one of them, a young man of twenty, appeared to be at least forty years old, and had his nose fallen in, as if he had been affected with secondary syphilis. The account given by those connected with *this* institution corresponds with all I had read or heard before; that the disease is incurable, and that, although it may allow life to continue for a good while, yet, sooner or later, it always proves mortal.

#### THE MEDICAL SCHOOL OF MONTPELLIER.

My visit to the Hospital and Medical School here, in Montpellier, has been very agreeable and instructive. The school is the oldest in France, and, except that of Salerno, in Naples, it is the oldest in Europe. The building is a large one, built around a court-yard, and adjoining the cathedral. Beside lecture-rooms and laboratory, it contains a very fine and large museum, a large library, and a small picture gallery, many of the pictures in which are on subjects connected with medicine. In the room where degrees are conferred I saw, over the president's chair, in the position, which in Spain was always filled by a portrait of the Queen, a little bust of Hippocrates, brought by Napoleon I. from Rome, and presented by him to the school of Montpellier. Under the bust is a rather boasting inscription, to the effect that Hippocrates, though formerly of the island of Coos, is now of Montpellier.

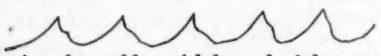
The museum is a very handsome room, with portraits of distinguished physicians around the cornice. Beside the usual array of wet specimens and wax models, which I had not time to examine minutely and critically, I observed some beautiful specimens of plants, preserved by the vapor of chloroform, in large hermetically sealed jars. The color was not preserved, but the form of the leaf and flower was perfect, and exactly as in nature. I at first almost supposed the specimens to be of wax, beautifully modelled. I could not understand the absence of all appearance of shrivelling or withering, at the same time that the color was altogether gone. Most of the plants preserved belonged either to the Solanaciæ or Umbelliferæ; the one which most struck me was a specimen of digitalis, in which the form of the flower and the velvety leaf were admirably shown.

#### ROUGET'S SPHYGMOSCOPE.

In the laboratory of M. Rouget, the Professor of Physiology, I was shown the operation of a little instrument, a sphygmoscope, which proved most perfectly the existence of a double pulsation at the wrist with every throb of the heart; and which is useful in pathology as well as in physiology, for by means of it an easy diagno-

sis may be drawn in many cases of disease of the heart, and it can even be told what particular valve is the one affected. Its manner of action is the following:—By means of a lever, the motion given by the pulsation of any artery over which the instrument is placed, and on which one end of the lever is gently pressed, is magnified very much. At the end where most motion takes place, a pencil is fastened, and presses against a piece of paper, which is made by a spring to have a gentle and uniform motion. By this means a mark is produced like the following:

Of course, as the paper moves on uniformly, any irregularity in the length of the waves must be caused only by an irregularity in the pulse, and by the nature of the line; the nature of the disease, producing variation, may often be diagnosed, and with much greater delicacy and certainty than could be obtained by the finger of the physician, or even, in many cases, by auscultation. For example, in disease of the semilunar valves, permitting regurgitation, the line drawn will be of this description:



showing the sudden withdrawal of the pressure immediately after the momentary impulse.

M. Rouget's table for vivisection was a very neat one. He had a lattice-work over it, which was convenient, both as allowing the animal to be tied in any position, and, also, in permitting the escape of the blood in the metal table underneath, which was provided with a hole for the escape of liquid.

Near the medical school is a very fine botanical garden, very well arranged for study. I could not but wish that there was a similar one in Philadelphia; the advantage to the student would be very great.

Truly yours,

M.D., Abroad.

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## DOMESTIC CORRESPONDENCE.

### CANDIDATES FOR MEDICAL HONORS.

*Philadelphia, May* 1, 1861.

Messrs. Editors:—The excitement created of late in the minds of the medical profession by the proposed new degree, having somewhat subsided, it is to be hoped that the subject will not be allowed to rest here, but that some decided step will be taken by our medical colleges and associations for the purpose of raising the standard of candidates for the medical profession in this country. I would suggest a strict examination, such as that required in the United States Army and Navy, where the classical as well as the medical education of the candidate is subjected to the most severe test. In the examining boards of both departments, no favor is ever shown to an applicant; they take their position in the order in which they may pass, depending entirely upon individual merit. These examining boards require the candidate to have a thorough English education and a practical knowledge of medicine; and examine upon anatomy, surgery, the application of splints and bandages; operations in surgery upon the cadaver, in the presence of the examining board; theory and practice of medicine, materia medica, chemistry, botany, medical jurisprudence, natural and moral philosophy, mathematics, geology, mineralogy, and any other branch of natural history with which the candidate may be acquainted. The examination lasts several days, during which time the moral and social position of the applicant is carefully scrutinized; and, if after he has written his thesis and performed the usual preliminaries with satisfaction to the board, his oral examination commences, and finally operations are performed as a test of his skill in the use of the knife. As a matter of course, the medical staff of both departments are an honor to the country; and I can say, from personal experience, that the requisites for entrance into the Army and Navy of the United States, are greater than those required by either the British or French government boards. The few who have had the honor of taking the highest number in examinations, or taking "Number One," as it is usually termed, have been distinguished as bright ornaments in their profession.

"A Retired Surgeon."

*Philadelphia, April* 27, 1861.

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### LETTER FROM ILLINOIS.

*Galesburg, April* 24, 1861.

Messrs. Editors:—Feeling, as you do, a deep interest in all that concerns medical progress, you will, perhaps, be pleased to learn that the profession in this place have organized an association, to be called "The Galesburg Medical Association," and have elected as their President Dr. S. H. Hurd, who formed the acquaintance of your Dr. Butler, at the meeting of the American Medical Association last year, in New Haven.

There has, heretofore, existed no regularly-organized association in this city, having a constitution and by-laws, though there have been informal meetings of the medical men from time to time, and delegates been sent to other societies. It was to remedy these defects, and give the profession a proper standing, as well as to promote good feeling among ourselves, and general usefulness, that we have organized our association. Hitherto, there has never been an address, essay, or report on medical subjects, but we hope the "Association" will be a working-body, encouraging scientific investigations, and helping to raise still higher the standard of medical progress.

We have elected Prof. M. K. Taylor to represent us in the American Medical Association at the next meeting in Chicago, and also chosen delegates to the Illinois State Medical Society. There is, also, a movement on foot to resuscitate the "Knox County Medical Society," which has had no meetings for three years, but Rip Van Winkle is waking up, and, we think, will now go to work in earnest.

Yours, &c.,

B. WOODWARD.

## NEWS AND MISCELLANY.

*Absinthe Drinking in France.*—Fashion holds despotic sway in every phase of life. The drinking customs of nations yield to it. With us, hard cider has given way to lager beer, and in France, wine has been replaced by absinthe. A correspondent of a New York paper, writing from Paris, says:

The frightful effects caused by absinthe drinking in France are just now exciting a good deal of interest in the medical fraternity. Absinthe is drank in immense quantities by all classes of society in Paris. In front of the magnificent cafés in the boulevards, between three and five o'clock in the afternoon, hundreds of gentlemen may be seen sitting, mixing and sipping this villainous green liquor, which is taken by way of an appetizer before dinner. Workmen drink it in the low, corner establishments of the "marchands de vin." In different portions of the city are establishments which are crowded from morning till night, in which the sale of absinthe is made a "specialty," and where nothing else is sold. Ladies of high families are reported to have yielded to its fascination. It has been exported, and is used to an enormous extent in all the French colonies, and statistics of exportation show that immense quantities of it are sent to America; and it may not, therefore, be uninteresting to learn something about the composition and effects of this seductive liquor, which, from the actual irresistible power which it wields over its victims, as well from the similarity of its effects and the general and increasing popularity it has acquired, may not improperly be called the "opium of the west."

*What it is made of.*—In a paper recently read before the Academy of Medicine of Paris, M. Motet, a physician, who has evidently devoted a good deal of attention to this subject, says, that the habitual use of absinthe causes a series of pathological manifestations extremely grave, and differing essentially from the effects produced by other alcoholic drinks. For ten years past, enormous quantities of it have been drank in Paris. The murderous beverage has been taken to Algeria, where it has been greatly abused by the colonists and the army, and where the heat of the climate tends greatly to heighten its deleterious effects. The effect of large doses, or of the habitual use of this liquor is now well known, but the drinker returns to it in obedience to an apparently irresistible fascination, knowing that it is destroying him.

"Absinthe," which is a French word, meaning, in English, "wormwood," is a liquor made by the distillation of a number of plants with alcohol. These are the tops of the wormwood, flag-root, anniseed, angelica-root, leaves of dittany, (*origanum dictamnus,*) and sweet margoram. All these are placed in alcohol of very high proof, where they are allowed to remain eight days, when the mixture is distilled, and half an ounce of the essential oil of anise is then added to each three gallons of the liquor. The first care after the distillation is to see whether the liquor has a good color, and whether it will "whiten" well, and, if it is lacking in these essentials, it is brought up to the proper point with indigo, tincture of curcuma, hyssop, nettles, and sulphate of copper. Absinthe, however, requires no adulteration to make it a positive poison. Composed of plants of highly-exciting qualities, mixed with highly-concentrated alcohol, it acts directly upon the nervous system, having a much more positive effect than other alcoholic liquors. In the process of distillation, the plants furnish several volatile oils, which are among the most violent poisons, and, beside these, it must be remembered that a large quantity of the essential oil of anise is added. Probably few persons, in mixing their absinthe, have ever stopped to consider the cause of the "whitening," or ever thought that the better the liquor "mixes" the more powerfully poisonous it is. The white deposit, which, in precipitating, renders the liquor turbid, comes from the essential oils of anise, wormwood, angelica, etc., which are held in solution of alcohol, but which are not soluble in water, or alcohol weakened with it.

*Its Effects.*—So much for the composition of this vile compound. Now for its effects, which, in a sentence, are summed up by Dr. Motet as a general poisoning of the system, which terminates in insanity and death. The following are given as the primary effects of the habitual use of absinthe:—The muscular system is brought into a state of uncertainty and indecision, which is easy to recognize by contractions and trembling of the forearm, of the hand and inferior members. Strange sensations are observed by the unfortunate victim—such as tingling and pricking of the skin, heaviness of the limbs, and numbness—the hand seizing and as suddenly letting go anything within its reach. In standing, the patients require something to lean against, not being solid upon their legs; the knees tremble and bend—a general air of hebetude marks the features; the lips, the tongue, and the muscles of the face tremble; the eye is sad and sorrowful; the

skin becomes yellowish; dyspepsia and wasting away ensue; the mucous membranes assume a violet hue; the hair falls off, and the whole frame-work of the man falls into a premature old age and dilapidation.

Such are the bodily signs of absinthe poison—and the mental troubles progress concurrently with the disorders of the muscular system. By reason of the progress of the disease of the brain, the sleep of the patient is disturbed; he has terrible dreams, and nightmares, and sudden wakings. He has hallucinations, illusions, blinding of the eyes, vertigos, hypochondria, a very marked embarrassment and dwelling upon words in speaking, and a constantly-decreasing strength of intellect. Such is the sad cortege of symptoms presented by the unfortunate victims of the terrible absinthe poison.

Nothing, says Dr. Motet, can stop the progress of the disease of the brain. Sometimes the symptoms will be more favorable, for a greater or less time, but the respite must not be taken as a sign of approaching cure, and a little sooner or a little later death steps in the midst of epileptic attacks, at a time when there is scarcely any human intelligence remaining—when the animal alone exits, and in a state of degradation of which no description can give an accurate idea.

*Its Prohibition in the Army and Navy.*—The French government has prohibited the use of absinthe in the army and navy—even to the officers—and it is said that an attempt is to be made to prevent its importation into the colonies. Deaths and insanity, the result of its habitual use, are, I am informed by a medical friend of mine, very common in Paris; and that on the tombstones of several of the prominent men in the literary world, whose lights have gone out during the past ten years, might with truth be written, "died of absinthe." And yet, with all these terrible facts before them, the use of this villainous mixture is daily increasing, and it is by no means improbable that the government, which interferes in matters of much less importance, will find it necessary before long to adopt a "Maine liquor law," prohibiting the sale of the poisonous compound.

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*At a meeting of the Essex Medical Union*, held at the residence of Dr. L. W. Oakley, the following resolution was unanimously adopted:

*Resolved*, That the members of this Society agree to render gratuitous professional service to the families of those who may enlist for the war, when desired. W. M. Brown,
*Secretary.*

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*Dr. J. E. Garretson*, of this city, began a course of lectures this week on military surgery. They were intended for the volunteer surgeons, and were gratuitous, and well attended. His lectures, this week, comprised Gun-shot Wounds of the Head, the Law of Projectiles, and Topographical Anatomy, in connection with wounds.

*Prizes of the Académie des Sciences for* 1860.—1. *Prize for Experimental Physiology.*—A great number of memoirs on various subjects have been sent in; but the Commission of the Academy confines its approbation to three, all relating to the nervous system. It has decreed its prize to Professor Stilling, of Cassell, for his great work on the "Structure of the Spinal Marrow." To MM. Philipeaux and Vulpian a first honorable mention is accorded for their "Experimental Researches on the Regeneration of Nerves separated from the Nervous Centres;" and a second mention is made of M. Faivre's essay on "The Modification which the Properties of Nerves and Muscles of Frogs undergo after Death." 2. For the *Prize in Medicine and Surgery* the Commission decrees three prizes and three honorable mentions. A prize of 2500 francs to M. Davaine for his treatise on Entozoa; a prize of 2000 francs to M. Bergeron for his essay on "Ulcerative Stomatitis of Soldiers;" and one to M. Maingault of 2000 francs for his work on "Diphtheritic Paralysis." The honorable mentions, together with 1200 francs, are accorded to MM. Turck and Czermack for their works on the Laryngoscope; and to M. Marcy for his "Studies on the Pulse."

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*The Sanitary Condition of the City of London.*—Dr. Letheby reports, "that in the course of the year which has just expired there were 3,202 births, 2,747 deaths, and 1,735 marriages in the city of London. All these numbers are below the averages of the last ten years; but they have not all been reduced in the same proportion. The deaths have declined from an annual average of 3,018 to 2,747, the births from 3,474 to 3,292, and the marriages from 1,715 to 1,735. The distribution of the births and deaths and marriages among the people has been as follows: There were 24·6 births per 1,000 of the inhabitants, 21·1 deaths, and 13·4 marriages. In the preceding ten years the annual averages were at the rate of 26·7 births per 1,000, 23.2 deaths, and 13.4 marriages. For the whole of London the proportions are 33.2 per 1,000 for the births, 24·4 for the deaths, and only 9·5 for the marriages. In all England the latter numbers are somewhat less; for, while the births are at the rate of 34 per 1,000 of the population, the deaths are at the rate of 22·4, and the marriages but 8·2."

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*At a meeting of the Newark Medical Association*, the following resolution was unanimously adopted:

*Resolved*, That we, members of the Newark Medical Association, regularly-constituted physicians and surgeons, recognizing the obligations of patriotism, do hereby hold ourselves in readiness to obey any call which may be made by the Government upon our professional services during the present fearful crisis through which the country is passing.

*The Physician's Finger.*—A very extraordinary case, and one sufficiently disquieting to physicians, was tried this week at the Court of Assizes, at Paris. An Auvergnat, named Mourges, rents a house in the Rue des Beaux Arts, and occupies part of it in the business of a charcoal dealer, letting out the remainder in lodgings. Among his tenants were a poor couple named Brin, and he used to make them pay their rent every fortnight in advance. On the 1st of January he went to their room to claim the money for the fortnight about to commence. Brin was absent, and his wife was ill in bed. He insolently called on the poor woman to pay him the money; but her medical attendant, Dr. Guzmard, who had entered just before, pointed out to him the impropriety of tormenting a sick person, and recommended him to return when her husband should be at home. But he began abusing the doctor, and at length seized him by the collar. The doctor pushed him away with violence, and he fell. This enraged him, and jumping up he flew at the physician, caught one of his fingers between his teeth, and actually bit off the terminal portion of the first joint. In his defence, the man pretended that in a struggle with the doctor the finger accidentally got into his mouth, and that by a nervous movement, which he could not control, he had bitten it off. The jury accepted the strange explanation, and acquitted the man; but the Court condemned him to pay the doctor 3,000 francs.—*Lancet.*

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*The Laryngoscope.* — "This instrument," writes the Paris correspondent of the London *Lancet*, "bids fair to do as much for medicine as has already been done by the Helmholz mirror in diseases of the eye, with this difference, and that decidedly in favor of the former, that the one has directed us to a more accurate method of treatment, whilst the other has simply confirmed methods already arrived at by a different road. It is true that the ophthalmoscope will show you the earliest commencement of a cataract, or of a posterior staphyloma, or the existence of an atrophied papilla, a pigmentary retinitis, a peripheric choroiditis, etc.; but then comes the question, *et après?* The treatment is still the same—counter-irritation, local depletion, mercurials, iodide of potassium, and the rest *da capo*, and with no real practical advance; whereas, with the assistance of the laryngoscope, you can cure, sometimes radically and in a few days, chronic diseases which have lasted years, as I know, and which had previously defied every possible variety of medication."

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*Gross' Surgery in the Dutch Language.*—A publisher in Holland announces that he is about having Gross' System of Surgery translated into Dutch.

*American Writers on Pharmacy.*—In the course of some editorial remarks on American Pharmacy, the *Medical Times and Gazette* speaks as follows of the principal American writers on this subject. It is worthy of notice, by the way, that all these authors are residents of this city, and all are living. Our cotemporary does not seem to understand that the Official Pharmacopœia of the United States is revised *once in ten years.* It was thoroughly revised last year by a Convention, which met at Washington for the purpose, and the new edition is or should be published by this time:

"American writers on pharmacy are many and eminent; indeed, we believe their literature in this branch of science will bear comparison with that of our own or of any other country. We need only cite the names of Doctors Dunglison, Wood, Bache, and Stillé, as writers on pharmacy, whose works are as highly valued as they are widely known both in England and on the Continent. The most recent authority is the one last mentioned, Stillé. His great work on "Materia Medica and Therapeutics," published last year in two octavo volumes, of some 1,600 pages, while it embodies the results of the labors of others up to the time of publication, is enriched with a great amount of original observation and research. We would draw attention, by the way, to the very convenient mode in which the *Index* is arranged in this work. There is, first, an "Index of Remedies;" next, an "Index of Diseases and their Remedies;" the former referring to the pages where information about any particular article of Materia Medica will be found; the latter enumerating under the head of any disease a string of remedies which may be tried with more or less chance of success in its treatment. Such an arrangement of the indices, in our opinion, greatly enhances the practical value of books of this kind. In tedious, obstinate cases of disease, where we have to try one remedy after another, till our stock is pretty well exhausted, and we are almost driven to our wits' end, such an index as the second of the two just mentioned is precisely what we want, but what our English Pharmacopœias do not give. The indices are arranged on the same plan in Dunglison's work."

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*The Bite of Rabid Animals not always followed by Hydrophobia.*—A fact well worthy of notice is mentioned in the last annual statistics furnished by the General Hospital of Vienna. It would appear that out of 115 persons bitten by animals whose rabid state was clearly made out, only 25 died with symptoms of hydrophobia. As, however, the actual and precise length of the period of incubation in rabies is not known, these figures cannot be completely relied upon; but it is highly useful to note the comparatively small proportion of deaths which occurred after the well-ascertained inoculation with the poison.—*Lancet.*

*Bellevue Hospital Medical College.*—We were hardly prepared for so early an announcement of the organization of this new medical college in New York, the charter of which has just been obtained. It seems to have sprung ready armed from the legislative halls at Albany, and has taken advantage of the present crisis in our national affairs to introduce itself to the notice of the profession.

The faculty of the new college is composed of the following gentlemen, all of whose names will be recognized as among the ablest in their respective departments in the city of New York. Some of them hold chairs in other institutions, also. The Flints, father and son, for instance, are professors in the Long Island College Hospital, at Brooklyn, and in the University of Louisiana, at New Orleans.

Isaac E. Taylor, M.D., President and Professor of Obstetrics; Austin Flint, Sr., M.D., Professor of the Theory and Practice of Medicine; James R. Wood, M.D., Professor of Operative Surgery and Surgical Pathology; Benjamin W. McCready, M.D., Professor of Materia Medica and Therapeutics; Frank H. Hamilton, M.D., Professor of Military Surgery and the Pathology of and Accidents to Bones; George T. Elliott, M.D., Professor of Obstetrics; Lewis A. Sayre, M.D., Professor of Orthopædic Surgery; R. Ogden Doremus, M.D., Professor of Chemistry; John W. S. Gouley, M. D., Professor of Anatomy and Microscopy; Stephen Smith, M.D., Professor of the Principles of Surgery; B. Fordyce Barker, M.D., Professor of Obstetrics; Alex. B. Mott, M.D., Professor of Surgical Anatomy; Austin Flint, Jr., M.D., Professor of Physiology; Charles Phelps, M.D., Demonstrator of Anatomy.

Dr. Wood stated that it was not the intention of the faculty to have commenced their lectures until autumn, but that the emergency of the times required them to act at once, and they had therefore requested Professor Hamilton to deliver a practical course on military surgery, immediately. He also announced that, by request of several medical gentlemen connected with the Army and Navy, he himself had consented to deliver a few practical lectures on operative surgery.

This course of lectures, he announced, would be without charge, and the material afforded for practice in the operations would also be without charge.

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*The Sanitary Condition of Vienna.*—A correspondent of the *Medical Times and Gazette*, writing from Vienna, says:

"In a sanitary point of view Vienna is, indeed, far inferior to Berlin, Paris, and London; if, for instance, the Thiergarten at Berlin, the Champs Elysés, and the Bois de Boulonge, at Paris, and the Parks of London, are compared with our Prater, the latter does not at all shine to advantage; and the same may be said of the other parts of the city and the suburbs. In dry weather storms of sand and dust are continually whirling through the air, and irritate the respiratory organs, obscure the sight, beat against the face, and set the teeth on edge; or rain renders the unpaved thoroughfares impassable to pedestrians on account of the mud; or glazed frost causes no end of fractures of the collum femoris, and the lower end of the radius. Whoever has once experienced the effects of the dust of this city will not be surprised to hear that one-third of the deaths which occur here is due to consumption; and there can be no doubt that the great frequency of tuberculosis is not the fault of the geographical situation of the city, the atmosphere, the food, etc.; but is to be ascribed to the clouds of dust flying through the air, which are never laid by artificial irrigation, as is done at Paris, London, and in almost every town in Germany. This dust, the greatest part of which comes from those streets in which there is no pavement, and from the large cracks between the stones in the paved streets, does also give rise to diseases of the eye and skin, and to bronchitis and pneumonia. Besides tuberculosis, diseases of children and epidemics of typhoid fever are very frequent, and of a most destructive character. This is scarcely to be wondered at, if we consider that there is very little good water to be had in Vienna, that the streets are not kept clean, that there are no parks in the town, and that the drainage is in a frightful state. Add to this, overcrowding in the dwellings of the laboring poor, and a very defective organization of the Poor-law, and it will be seen that, until a thorough change is wrought in all the conditions mentioned, we cannot expect to see this city placed upon an equal footing with other capitals of Europe. The mortality of Vienna is enormous, and nearly twice as high as that of some English manufacturing towns: so that if the population were not continually renewed by immigration, our palaces would soon change into hospitals or deserts."

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COMMUNICATIONS RECEIVED.

*Arkansas*—Dr. D. D. Hitchcock, Dr. E. Cross, with encl. *Connecticut*—Dr. J. C. Bolles, with encl.; Dr. C. H. Hubbard. *Delaware*—Dr. H. F. Willis, with encl. *Indiana*—Dr. E. B. Glick, with encl. *Illinois*—Dr. N. S. Davis, Dr. B. Woodward, Dr. W. M. Goodwin. *Massachusetts*—Dr. J. B. Brown. *New Jersey*—Dr. J. Roberts, with encl. *New York*—Dr. C. L. Mitchell, with encl.; Dr. H. L. Horton, Dr. Louis Bauer. *North Carolina*—Dr. W. T. Sutton, Dr. W. H. Rowland, with encl. *Ohio*—Dr. W. C. Lenhart, Dr. A. J. Martin, Dr. C. H. Martin, with encl. *Pennsylvania*—Dr. H. Brubaker, Dr. J. S. Parke, with encl.; Dr. J. W. Gibbs, with encl.; Dr. J. Montgomery, Dr. J. Foote, Dr. D. L. Scott, Dr. W. M. Heath, with encl. *Vermont*—Dr. Charles L. Allen, with encl.; Dr. L. C. Butler, Dr. W. F. Lazelle, with encl. *Washington, D. C.*—Dr. H. H. Mitchell.

*Office Payments.*—Dr. Edward S. O'Grady, Dublin, Ireland; Dr. H. E. Brannin, N. J.; Dr. James Morrison, Pa. By Mr. Hulme: New Jersey—Drs. T. R. Clement, J. Cook, J. S. Whittaker, Charles Souder, J. H. Willits, Charles Butcher, E. L. B. Whales, R. Marshall, L. Reed, A Young, and D. G. Carlisle. By Mr. Swaine: Drs. S. Panconst, J. Bond, L. S. Filbert, T. G. Morton, A. Funk, Crotser, A. H. Smith, Osmun, Conway, Thompson, E. G. Waters, M'Rean, J. Buchanan, and B. Price.